ployee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

January 15, 2011

player Name				Week Ending: Januar								y 15, 2011			
ployee Name:		Sunday 0	1/09/11	Monday 0	1/10/11	Tuesday 0	1/11/11	Wednesday	01/12/11	Thursday0	1/13/11	Friday 01/14	4/11	Saturday 01	1/15/11
bett,Kate	Day: In – Out			740	210	7.50	330			725	257	750	>5U		
61909 to 1 1 1 1 1 1 1 1	Lunch: Out – In			1200	130	1200	1730			130	1330	1200	130		
ployee Signature	Outside Duty: From – To									10 -			10		
rument exceptions or comments, indications.	·			05/2	(0)	/		SN	0	0.5%	CO'S	1 Nou	(O)		
sjardins, Stacey	Day: In – Out			<del>9</del> 25	4:25	7:10	5:10		/	7:15	445	750			
0-9745 NY F 12 ( NA 1 ( NA 1 )	Lunch: Out – In			12:00	12:30	12:00	2:30			12:00	12:30				
ployee Signature	Outside Duty: From – To											9:46			
cument exceptions or comments, indication.	ate type and					2.00	rot	SA	10	1.5h	rOT	midal	lsey Un		
okhan, Annię	Day: In – Out			645	402	645	415	6:45		6:45	u15-	6:45	400		
61000	Lunch: Out – In				1230	1200	(233)			1200	1220				
ployee Signature	Outside Duty: From – To											9:45	200		
cument exceptions or comments, indicate type and count.				1.2	SOT	1.5 V	15 OT	SNO		1-50		1.25 Middle	<u> </u>		
isca,Daniela	Day: In – Out			6:45	5:45	645	4145	6:45		6:45	2:45	3	1		
61000	Lunch: Out – In			1:00	1:30	itea	1:34		/.	1:15	1:45				
ployee Signature	Outside Duty: From – To														
ployee Signature  cument exceptions or comments, indicated to ount.	ate type and			3.6	Ohr.	2.0	ohn.	SA	10			Micco			
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oloyee Name:		Sunday 01/09/11	1 11	414044	T		r — — —		ek ⊏naing:	Januar	ary 15, 2011				
	Day:	Sunday 01/09/11	Monday0	1/10/11	Tuesday 0	1/11/11	Wednesda	y 01/12/11	Thursday0	1/13/11	Friday 01/1	4/11	Saturday	01/15/11	
zer,Lisa	In – Out		64J	30	6.45	2647			650	V.5C	6.45	245			
1000 All 000A	Lunch: Out – In		19:00	(a)-3(	12:00	1230			12%00	12.30	12:00	17.25			
oyee Signature	Outside Duty: From – To		12HO	3:30		· · · · · · · · · · · · · · · · · · ·			10 3 30	(0 10)	# 20 Old				
ment exceptions or comments, indicent.	cate type and			emp.	·		SN	U		-					
er, Michael	Day: In – Out		625	425	800	600			8:55	6:25	810	530	930	500	
10001 (-121	Lunch: Out – In		140	210	140	210			245		10:40			2 257	
loyee Signature	Outside Duty: From – To					<i>(y</i>					10, 10	<u>/&amp; ****</u>			
ment exceptions or comments, indicate type and int.				<u> </u>	CT 2	i O	- SN	Ö	071	15			70,	7.0	
lina, Nicole	Day: in – Out			/					•					T	
1000	Lunch: Out – In									$\overline{/}$	. ,	/-			
loyee Signature	Outside Duty: From – To														
ument exceptions or comments, indic unt.	ate type and		MILL		MI	in _	_111	in	M	W.	ML	M			
rien, Elisbeth	Day: In – Out		730	13	J30	230			740	740	135	235			
51000 LLIJA LEHIP BU	Lunch: Out – In		1/30	1200	1130	1200			130	1230	130				
HWALHY SW.	Outside Duty:				<b>-  -  -  -  -  -  -  -  -  -  -  -  -  -</b>					1/2		12			
Injune Signature From To Signa			180	3/			5N	0							

oloyee Name:		Sunday	01/09/11	Monday (	04/40/44	Torondoro	4444	T		k Ending:		y 13, 201	1 .		<del></del>
	Day:			Monday	71710/11	Tuesday 0	11/11/11	Wednesday	y 01/12/11	Thursday	01/13/11	Friday 01/1	4/11	Saturday (	01/15/11
ps, Gloria	In – Out														
1000	Lunch: Out – In														
oyee Signature	Outside Duty: From – To														
ment exceptions or comments, indi nt.	cate type and			CMT	5 //	CN	T V	SN	0	CM"	T T 5 i/	CM.	<u> </u>   		
Peter	Day: In – Out			645	515	645	645			645	545	1,55	100	45	<u> 54</u>
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czkowski, Daniel	Day: In – Out			i245	245	645	245				Juic	-			
1000	Lunch: Out – In			1200	1230	1200	D 25Cl			645	245	U45	245		
loyee Signature	Outside Duty: From To					Shattu 840				1200	1730	1200	1230		
ment exceptions or comments, indi unt.	cate type and					0 10	17000	SN	0						
gue, Shirley	Day: In – Out			915	5/5	915	515	GR		915	575	0 -	-m .5		
1000 <i>/</i> ?	Lunch: Out – In			100	130	100	/30	(4)		1.00	ν· 3	/ · · · · ·	515 15		
Arogue loyee Signature	Outside Duty: From – To						/30			7.00		700	130		
loyee Signature  Iment exceptions or comments, indicate.	cate type and					·		SN	0/						

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mployee signatures on this time sh	eet cerufy the em	ployee has p	erformed the	work associ	iated with the	e account(s) l	isted.		Wee	k Ending:	Januar	v 15. 201	1		
nployee Name:		Sunday 01/09/11		Monday 01/10/11		Tuesday 0	Tuesday 01/11/11		y 01/12/11	Thursday 01/13/11		Friday 01/1		Saturday0	1/15/11
an, Zhi	Day: In — Out			bur	29:45	645	2:45			645	8.41			Cataluayo	100
161000 - 7 his	Lunch: Out – In			12:00	12:37	[12]:vi	14:30			12:00	12:30				
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an, Mai	Day: In – Out			30	230					C	3		1		
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ıployee signatures on this time she	er certify the emp	noyee has performed the	work associe	ited with the	account(s) l	isted.		Wee	ek Ending:	January ·	15. 2011			
iployee Name:		Sunday 01/09/11	Monday 01/10/11		Tuesday 0	1/11/11	Wednesday 01/12/11		Thursday (		Friday 01/1	4/11	Saturday (	01/15/11
lemi, Charles	Day: In – Out		950	605				-/	1015	54+			2	
61000	Lunch: Out – In		1705	1250.	·				1205	17/10		a		
ployee Signature	Outside Duty: From – To								1,003	1240		<u></u>		
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ınders, Della	Day: In – Out								6:45		6145		6,45	7,15
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ployee Signature	Outside Duty: From – To								1.02	1,22	1,30	J:00 -	min	2210
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o loyee Signature	Outside Duty: From – To					-								
ument exceptions or comments, indicate type and unt.												<u> </u>		

## William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

					,
Name of Em	ployee: <u>/ j</u> S	ted Belan		Employee	#: Liskd Belan
Department:	Deugla	bora torex			
	<i>V</i> .	: January 10	- Januar	15.0011	
# of hours red		/	,,,.	- ···- <i>)</i>	
Why work ca	innot be com	pleted during re	gular hours:	orgnifizar	+ Back log
of same	1				·
Overtime is to	-	d at OT rate Trate, complete below)	added to con	np time balanc	e
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Approval:	and the second	$\bigcap I \cap I$	engale i en la la la la entre e especial de la company de la company de la company de la company de la company La companya de la companya dela companya de la companya dela companya dela companya de la companya dela com	a programme de la companya de la co	
Supervisor:_		Jalem	)	Date	e: <u>///3///</u>
Department l	Head:	· · · · · · · · · · · · · · · · · · ·		Date	e;
Denial reason	n:				
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lame	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
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nelafrasa	241373	5, 0	Della Saynders	,	11,5
7 , 1	120459	11.0			
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